

ADP Website CalOMS Tx FAQs

What is CalOMS Tx?

CalOMS Tx is the acronym for California Outcomes Measurement System–Treatment (CalOMS Tx). It is a database for the collection and reporting of data on alcohol and other drug (AOD) treatment services provided with state and federal funds allocated by the California Department of Alcohol and Drug Programs (ADP). The CalOMS Tx database contains 83 data elements that fulfill reporting requirements for the federal Treatment Episode Data Set (TEDS) and National Outcome Measures (NOMs). CalOMS Tx data elements also contain data elements historically collected through the California Alcohol and Drug Data System (CADDs), as well as new data elements that fulfill state reporting requirements and data needs including the Minimum Treatment Outcome Questions (MTOQ) and the Unique Client Identifier (UCI).

What is outcomes measurement?

Outcome data is necessary to identify what is working well for AOD service recipients and what is not. Collecting outcomes information improves service delivery and ensures continual quality improvement that positively affects the lives of AOD service recipients and their families, communities, and public health and social systems.

What are National Outcome Measures (NOMs)?

NOMs include outcome data elements reported annually in the state's SAPT Block Grant application. This data set enables a measurement of change in a number of domains including alcohol/drug use, employment and education, criminal justice, family and living conditions, access/capacity, social connectedness, and retention/length of stay.

What are Minimum Treatment Outcome Questions (MTOQs)?

The MTOQs data set consists of 30 questions developed by ADP in collaboration with the Treatment Sub Work Group of the IWG. Like NOMs, this set of questions measures outcomes in a number of domains. The MTOQs enables the measurement of change in seven life domains: alcohol use, drug use, employment, family/social, medical, legal, and psychological. Section 6.0 of the data collection guide discusses each domain and defines their data elements.

Why outcome measures?

A key premise of alcohol and other drug (AOD) abuse service delivery is that its services have a positive influence on AOD users/abusers and the systems (law enforcement or social welfare agencies) with which they interact. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) publishes Treatment Improvement Protocols (TIPs) and Technical Assistance Publications (TAPs) that discuss this concept.

What is a Unique Client Identifier (UCI)?

A UCI is a system-generated number that randomly attaches itself to a new or existing client. The UCI is a set of 13 elements that collect personal information about the client. This information is critical as it enables ADP to track clients as they move through the AOD system of care. The information obtained identifies the collection of treatment services an individual receives during a treatment episode.

Which facilities are required to report CalOMS Tx data?

Community AOD treatment service providers required to report CalOMS Tx data to ADP are identified by the type of services provided in the facility and by the type of funds allocated by ADP to support those services. Provider facilities providing the following services must report CalOMS Tx data to ADP:

- Alcohol services that include non-residential recovery or treatment, detoxification, recovery homes, or residential treatment
- Drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy (including methadone maintenance, levoalpha acetylmethadol (LAAM), and buprenorphine), detoxification, residential, hospitals, and all licensed methadone providers, whether publicly or privately funded.
- ✓ Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants.
- ✓ Facilities that receive funding from their county for SACPA treatment services must report data on all participants. However, if the ONLY funding the facility receives from ADP is SACPA funding, and the facility is not a narcotic treatment program (NTP), then the facility only reports on SACPA program participants.

- ✓ Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may participate in CalOMS Tx if directed to do so by their county alcohol and drug program administrator.

Which facilities are exempt from CalOMS Tx data collection?

Facilities that provide AOD services other than alcohol program services that include non-residential recovery or treatment, detoxification, recovery homes, residential treatment, or drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy (including methadone maintenance, levoalpha acetylmethadol (LAAM), and buprenorphine), detoxification, residential, hospitals, and all licensed methadone providers, whether publicly or privately funded.

Exempt facilities that provide services such as education and prevention activities include Driving-Under-the-Influence (DUI)/Driving-While-Intoxicated (DWI) programs, transitional living or sober living centers, and neighborhood recovery drop-in centers.

From which clients do we collect CalOMS Tx data?

In order to collect data from a program participant, they must have:

- An AOD-related problem;
- Given his/her consent to participate in treatment, if applicable;
- Completed screening and admission procedures;
- An individual treatment or recovery plan; and
- Been formally admitted to an AOD program facility for treatment or recovery services (treatment services must have commenced).

What is an admission?

A standard admission data collection includes all persons 18 years of age or older and stable detoxification patients (patients deemed capable of answering all questions by the detoxification provider). Standard admission data collection excludes youth (persons 17 years of age or younger) and unstable detoxification patients. For youth, a minimal set of information is required. For detoxification patients, all fields are required to have values (detoxification patient records permit use of the 99904 alternative value in MTOQs fields). Refer to section 6.23 in the CalOMS Tx Data Collection Guide, for further instructions on collecting data for youth or unstable detoxification patients and a list of required data for such individuals.

For a standard admission, all CalOMS Tx questions must be asked to each participant, unless the data field is system generated or is provider supplied information. Blank fields, incomplete entries, and invalid entries will result in rejection of the admission record. The one exception is the drug name fields (ADU-1a and/or ADU-5a), which may be empty when certain drug codes are entered in the drug code fields (ADU-1 and/or ADU-5).

Program participants must be admitted to treatment, and treatment services must be commenced in order to collect CalOMS Tx admission information. For example, if the participant started a portion of the admission process and never returned to complete admission, and thus never began receiving treatment services, then admission data would not be collected or reported for that individual. It is critical to collect all CalOMS Tx data from each program participant regardless of the type of admission. For example, when an individual transfers from one service modality to another, the admission data must be marked as a transfer and collected again for the new service modality. This is because CalOMS Tx is designed to measure change—there could be differences in a person's answers from their admission into the first modality and entry into their next modality.

However, if an individual transfers within five calendar days from one modality to another, within the same provider, then the provider can use the admission data from the first modality for the admission data in the next modality. Regardless of the circumstances for admission, all admission data must be gathered within seven days of a person's entry into treatment.

What data are collected at admission?

TRN-1 Type of form
TRN-2 Transaction date and time
TRN-3 Form serial number
CID-2 Provider's participant ID
CID-3 What is your gender?
CID-4 What is your date of birth?
CID-5 What is your current first name?
CID-6 What is your current last name?
CID-7 What is your social security number?
CID-8 What is the zip code at your current residence?
CID-9 What is your birth first name?
CID-10 What is your birth last name?
CID-11a What county were you born in?
CID-11b What state were you born in?
CID-12 What is your driver's license/state identification card number?
CID-13 What state is your driver's license/state identification card for?
CID-14 What is your mother's first name?
CID-18 What type of disability/disabilities do you have?

CID-19 Consent
ADM-1 Admission Date
ADM-3 Provider ID
AUP-1 Annual update date
AUP-2 Annual update number
ADU-1a What is your primary alcohol or other drug problem?
ADU-1b Primary drug name
ADU-2 How many days in the past 30 days have you used your primary drug of abuse?
ADU-3 What route of administration do you use most often for your primary drug of abuse?
ADU-5a What is your secondary alcohol or drug problem?
ADU-5b Secondary drug name
ADU-6 How many days in the past 30 days have you used your secondary drug of abuse?
ADU-7 What route of administration do you use most often for your secondary drug of abuse?
ADU-9 How many days in the past 30 days have you used alcohol?
ADU-10 How many days have you used needles to inject drugs in the past 30 days?
EMP-1 What is your current employment status?
EMP-2 How many days were you paid for working in the past 30 days?
EMP-3 Are you currently enrolled in school?
EMP-4 Are you currently enrolled in a job training program?
LEG-3 How many times have you been arrested in the past 30 days?
LEG-4 How many days were you in jail in the past 30 days?
LEG-5 How many days were you in prison in the past 30 days?
MED-2 How many times have you visited an ER in the past 30 days for physical health problems?
MED-3 How many days have you stayed overnight in a hospital for physical health problems in the past 30 days?
MED-4 How many days have you experienced physical health problems in the past 30 days?
MED-6 Were you pregnant at any time during treatment?
MED-7 Medication prescribed for treatment
MED-10 Have you been diagnosed with any sexually transmitted diseases?
MED-11 Have you been tested for HIV/AIDS?
MED-12 Did you receive the results of your HIV/AIDS test?
MHD-1 Have you ever been diagnosed with a mental illness?
MHD-2 How many times in the past 30 days have you received outpatient emergency services for mental health needs?
MHD-3 How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?
MHD-4 Have you taken prescribed medication for mental health needs in the past 30 days?
SOC-1 How many days in the past 30 days have you participated in any social

support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

SOC-2 What are your current living arrangements?

SOC-3 How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?

SOC-4 How many days in the past 30 days have you had serious conflicts with members of your family?

SOC-5 How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?

SOC-6 How many children do you have aged 5 or younger?

SOC-7 How many of your children are living with someone else due to a child protection court order?

SOC-8 If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

What is an annual update?

Annual updates are required for those program participants in treatment for a period of 12 or more months continually (no break in services exceeding 30 days). One example would be a participant in a narcotic treatment program, such as methadone maintenance, for 12 or more months. For such individuals, providers must collect the CalOMS Tx data approximately one year from the day the individual was admitted to the program.

During an annual update, the individual's admission must match, and exist, in the CalOMS database. Providers can collect annual update information earlier than 12 months (as early as 10 months). Providers must collect annual update data no later than 12 months from the program participant's admission anniversary date. For participants participating continuously in the same modality and program for more than one year, providers must collect annual update data by the participant's subsequent admission anniversary date.

What data are collected at the annual update?

Annual update date, annual update number, and the standard annual update record that includes the following:

TRN-1 Type of form

TRN-2 Transaction date & time

TRN-3 Form serial number

CID-2 Provider's participant ID

CID-3 What is your gender?

CID-4 What is your date of birth?

CID-5 What is your current first name?
CID-6 What is your current last name?
CID-7 What is your social security number?
CID-8 What is the zip code at your current residence?
CID-9 What is your birth first name?
CID-10 What is your birth last name?
CID-11a What county were you born in?
CID-11b What state were you born in?
CID-12 What is your driver's license/state identification card number?
CID-13 What state is your driver's license/state identification card for?
CID-14 What is your mother's first name?
CID-18 What type of disability/disabilities do you have?
CID-19 Consent
ADM-1 Admission Date
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ADU-1a What is your primary alcohol or other drug problem?
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SOC-6 How many children do you have aged 5 or younger?
SOC-7 How many of your children are living with someone else due to a child protection court order?
SOC-8 If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

What is Treatment Episode Data Set (TEDS)?

This is a set of federally required data elements that inform about each client's admission and discharge. Admission and discharge data on all clients served in California's publicly funded treatment programs must be reported via TEDS.

TEDS is a federal database housing alcohol and other drug (AOD) treatment data reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) by different states. Each state that applies for and receives federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding from SAMHSA must collect and report TEDS data. As a SAPT Block Grant recipient, ADP is required to collect and report TEDS information. Information collected through TEDS includes demographic data, treatment service data, client behavior information (such as drug use and employment), admission data, and discharge data.

Since ADP does not provide AOD treatment services, we allocate SAPT and other funds received for the provision of AOD treatment to AOD administration agencies in each of California's 58 counties and/or AOD treatment providers that contract directly with ADP. These AOD agencies and treatment providers are reporting facilities, and must collect required data from each client served in their AOD treatment programs and report it to ADP. All these county and provider data are stored in ADP's treatment database and electronically reported each month to SAMHSA. The California Outcomes Measurement System – Treatment (CalOMS Tx) is the database of record for TEDS and other state and federal reporting.

What are alternative values?

In CalOMS Tx, all errors are fatal, which means any error occurring in a record will result in rejection of the entire record. This is because the standards for quality data in CalOMS Tx are higher than before. ADP, counties, and providers must have accurate and reliable data when reporting outcomes. To ensure accurate and reliable data in CalOMS Tx, erroneous data is prohibited from populating the database. The database rejects records containing fields with erroneous entries, allowing for prompt corrections and resubmission.

CalOMS Tx meets new federal reporting requirements and expands the treatment data set. Responses for each of the data elements are required. ADP acknowledges it may not always be possible to obtain answers to each of the questions. For this reason, many of the questions have five-digit codes that serve as alternative entries for specified CalOMS Tx questions. For example, a participant is asked how many days he/she waited to enter treatment and they simply may not be able to recall the exact number of days. In such a case, the provider or county has the option to enter "99901" to indicate the participant did not know the number of days they waited to enter treatment.

These codes are only allowable values where specified. These five-digit codes do not preclude providers, counselors, etc from asking every question in the CalOMS Tx data set and attempting to obtain an answer consistent with the allowable (non-alternative) values. These five-digit codes serve to provide a means for providers, counties, etc to report a valid value reflective of the reason an answer to a particular question could not be provided. **Counselors, county/provider staff, etc are required to ask every participant each of the CalOMS Tx questions.**

Which alternative values are allowed for each CalOMS data element?

Each of the five-digit alternative values are identified and defined below.

99900 – Client Declined to State: Some of the CalOMS Tx questions gather personal information. Some program participants may not wish to answer certain questions. Providers must inform program participants of their right to decline to answer the CalOMS Tx questions as well as what the data collected will be used for. If a participant declines to state, (for example, when asked if he/she has been tested for HIV/AIDS), enter 99900 in that field.

99901 – Unknown or Not Sure/Don't Know: This value is available for a couple of circumstances. One such circumstance is administrative discharge where a program participant stops appearing for services without notice or before the completion of an exit interview. In such a case, providers, counselors, etc cannot obtain information about, for example, the individual's primary drug at discharge, and would enter 99901 in that field in an administrative discharge record.

Another circumstance is for questions that ask for the frequency at which a particular event, such as number of days he/she used a particular drug in the preceding 30 days, occurs. Some individuals simply cannot recall such information, in which case it is appropriate to use the 99901 code.

99902 – Not Applicable: This value applies to situations where the question does not apply to the individual. For example, if someone does not have an identification card or driver's license, enter the 99902 code in that field. This code is only allowable where specified.

99903 – Other: Use this value (when allowed) when the participant's answer is not among the specified values for a particular question. In some cases, such as primary drug, entering this value may require entry of other information in another field. For example, if the participant's primary drug is not listed in any of the drug categories, enter 99903 for the drug code, and then enter the drug name in the primary drug name field to specify the drug name the participant provided in response to the question.

99904 – Client Unable to Answer: This code is only allowable for certain questions and can only be entered if the type of service is detoxification or if the disability specified in the disability field is "developmentally disabled." Again, providers, counselors, etc are required to ask each question (for detoxification, only those questions required) of each participant. However, if the provider, counselor, etc determines the participant is unable to answer due to their level of stabilization (detoxification participant) or developmental disability, then enter the 99904 code.

How is data collected?

Each California county and/or treatment provider that contracts with ADP to receive state and federal funds for the provision of AOD treatment services has a local CalOMS Tx database. Treatment data is collected from each AOD treatment program client at specific data collection points through the local CalOMS Tx database. CalOMS Tx data collected at the local level during a given report month are submitted to ADP in batch files containing all client data collected by treatment providers.

What was CalTOP?

The California Treatment Outcome Project (CalTOP) was the CalOMS Tx Pilot Project. It was an innovative statewide effort to address data-related needs at the state and local levels while also responding to the national trend toward automation, standardization, and measurement of program performance and client outcomes.

The Department of Alcohol and Drug Programs (ADP) joined 18 other states participating in the federal Treatment Outcomes Performance Pilot Studies to develop, implement, and pilot test an automated outcome monitoring system (OMS). CalTOP was developed and designed to track client movement through AOD treatment programs, assess client service needs, record service utilization, assess treatment outcomes and client satisfaction, and determine whether AOD treatment produces cost offsets in other statewide economic realms. Forty-four treatment providers in 13 counties volunteered to participate in the project. For more CalTOP information go to http://www.adp.ca.gov/FactSheets/California_Treatment_Outcome_Project.pdf.

What is percent change?

Percent increase and decrease are measures of percent change, which is the extent to which a variable gains or loses intensity, magnitude, extent, or value. The figures are calculated by comparing the initial (or before) and final (or after) quantities according to a specific formula. It is assumed that both the initial and final quantities are positive (larger than 0).

What is the CalOMS Tx Web-based Training (WBT)?

The WBT is an educational tool developed to provide instruction to new CalOMS Tx users through a web-based training system. The training teaches how to collect, submit, and review data sent to the CalOMS Tx system—from interviewing a client to generating a report. All county and state contracted providers who must submit CalOMS Tx data as a condition of their funding and requirements have access to this training tool.

How many times a year are CalOMS Tx users required to do DMC/CalOMS Tx data cleanup?

ADP requires DMC/CalOMS Tx data cleanup three times a year. CalOMS Tx data cleanup should be ongoing and occur monthly after receiving the error reports from data submissions.

How many times a year are CalOMS Tx users required to do narcotic treatment program (NTP) data cleanup?

ADP requires NTP data cleanup once a year. CalOMS Tx data cleanup should occur monthly after receiving the error reports from data submissions.

Why does a discharge record reject when the form serial number (FSN) has changed and the record is resubmitted?

Once an admission is accepted, all other records will match it based on the FSN, provider ID, service type, admission date, and submitter ID. Changing any of these fields, including an FSN, will result in a rejection.

What funding source will pay for a telephone discharge interview?

Net Negotiated Amount (NNA) funds pay for telephone discharge interviews.

What type of discharge interview will Drug Medi-Cal (DMC) reimburse?

DMC reimbursement is paid for those interviews that occur face-to-face in a treatment facility. DMC does not pay for discharge interviews conducted by telephone.

Can CalOMS Tx users resubmit a rejected annual update (AUP) regardless of the timeframe?

AUPs (annual update number or annual update date) cannot be changed and resubmitted after a discharge. To view ADP's 2009 annual update edit, go to http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Tx_Build_ENotificationkd.pdf.

To submit the AUP after the submission of a discharge record, you must do the following: 1) Delete the discharge 2) Submit the AUP 3) Resubmit the discharge record.

The Data Collection Guide, Section 7, beginning on page 87, has annual update information.

How do you resolve old CADDs admissions with mismatched discharge records?

If the records are old CADDs records and they are no longer in your system but appear in the ADP system on the open admissions report, please contact your CalOMS Tx liaison. If the client record(s) are in both systems and the clients are no longer receiving treatment, submit an administrative discharge. If the administrative discharge is older than 5 years, call your CalOMS Tx liaison for assistance.

How do you resolve duplicate records in annual updates?

If an annual update already exists and it needs updating again, change the annual update number (AUP-2) (for example, if last year's annual update was a 2, you need to change it to a 3 to keep a sequential order). Refer to the CalOMS Tx Data Collection Guide (section 7) and Data Dictionary (section 3.3.2).

What is the protocol for resubmitting discharges when the provider site is closed or not contracted with ADP?

If a provider is closed, the open admissions for that provider will still appear on the open admissions report. State contracted providers are required to take responsibility for those clients and either discharge or transfer the clients to another facility, if they are receiving treatment.

What is the procedure for notifying ADP of a discrepancy between the lists of current providers reporting and those no longer reporting to CALOMS Tx?

Send the state provider ID number(s) for any closed facility to your CalOMS Tx liaison in writing by email. Review the "Open Provider Report" monthly to ensure that what ADP shows on the master provider file as "open" is current. You will need to discharge clients in a closed facility or transfer the records to a new CalOMS Tx facility.

If a provider is closed, and the county does not have access to any of the facility's records, what codes should they use?

There are several issues that surround the topic of a facility closing, i.e., where did the clients go, were they transferred prior to closing, can the new facility where the clients have gone access their data?

Open admissions from a closed facility should be discharged by finding the client and conducting a discharge interview. If this is not possible, an administrative discharge may be the only alternative. If this is the case, pending further analysis, use administrative discharge, status 4 (left before completion with satisfactory progress-not referred) until the client returns or the waiting period has expired.

What do you do when a submitting file to ITWS and you receive an upload error that says the file has already been accepted?

Change the name/number of the batch file to the next number (for example, 001 to 002) and resubmit it. This sends your file, but with a different name, and it will accept the new file.

A client was accidentally discharged with the status of “deceased” and the client is very much alive. What can you do to correct the information?

Delete the discharge and resubmit it using the proper status code. Address specific questions on errors or referrals by contacting your CalOMS Tx data liaison.

Why do we keep getting “unmatched discharge” errors or “duplicate” errors?

Duplicate errors occur when you try to submit a record that already exists. Choose “all” in the open admission report to monitor the situation. At the end of the report is a list of accepted records. You can do a search and find the accepted record if it is within the time span of your date filter.

Unmatched discharge errors occur because the database cannot find its matching admission record. Be sure all matching data elements are exactly the same, i.e., FSN, provider ID, service type, admission date, and submitter ID.

In what format do county and state contracted providers send NTP corrections once they are given the list of errors or inconsistencies? Do you send out a notice if there are no errors?

Document the status of your NTP corrections or findings on the original Excel spreadsheet and return it to ADP. ADP does not notify providers when there is no action to be taken.

How do I change the original admission record?

Revise the original admission as necessary and resubmit the admission as a form type “2.” For guidance, review the CalOMS Tx Data Collection Guide, page 12, or the Data Dictionary for “type of form.”

How do we correct an admission that has a matching discharge?

To correct an original admission record that has a matching discharge record attached, please do the following in order:

- Delete the discharge record
- Fix the admission record
- Resubmit the discharge record

For more information, review the CalOMS Tx file instructions, page 44, “How to delete sequential records.”

If there is a demographic change to information in the original admission, is that considered a change that would require a resubmission?

Yes.

How do I discharge someone who walks away from his or her treatment plan?

Submit an “administrative discharge.” See section 8.5.1 of the Data Collection Guide on administrative discharges.

Can an admission be deleted if a discharge cannot be completed?

Never delete a valid admission. Doing so reduces the number of treatment services provided. If a face-to-face discharge is not possible, submit an administrative discharge.

What If a provider has no data to report?

Submit a Provider No Activity (PNA) report to CalOMS Tx for that provider in the non-report month. Refer to the CalOMS Tx Data Dictionary, Section 3.11.3 for information on SYS-3, Report Month, and Section 3.11.4, for information on SYS-4, Submission Status/Provider No Activity.

Is admission information automatically populated when a discharge is completed or do you have to retype the information?

Since admission records already contain many of the required data fields for discharge records, you should not have to re-enter this information for discharge records. You will need to contact your vendor regarding this issue to ensure that data collected at admission is populated when you enter discharge records.

What is the process for correcting an admission record for resubmission?

The records are linked. To correct the admission record your options are as follows:

- If you have an open admission that needs correction, you can correct and resend the admission record.
- If the admission has a matching discharge already, you must delete the discharge record, then fix the original admission and lastly, resubmit the discharge so that all records match.
- You cannot change one without matching the other or the new record will reject.
- You may do this in the same batch file, but the records must be sequential when submitting the file. The deleted discharge is first, then the corrected admission, then the corrected discharge.

What is the special services contract ID number?

Section 6.9 in the Data Collection Guide discusses special services contracts. Some counties contract with neighboring counties for the provision of services available in one county, which are not available in another. ADP issues special services contracts, ranging from 0000–9999. If a special services contract exists and a special services contract identification number has been assigned, the two-digit code of the county paying for the services (referring county) must be entered in the county paying for services field (see section 6.8). Failure to enter the county code in the county paying for services field where a special services contract number exists will produce an error and the record will be rejected. A code of 99902 should be entered if there is not a special services contract in place.

In the service utilization outcome report, why isn't the percent calculation for discharge status based on total discharges?

ADP included the subtotals so counties and providers can have both options at their disposal (subtotals and totals). Calculating the total discharges requires one additional step: dividing the subtotal for each subcategory by the total number of discharges (subcategories include non-administrative discharges for completed and not completed treatment and administrative discharges). We recommend you download the report in Excel then add another column next to your report totals to calculate additional information.

Is it necessary to complete an annual update on all clients or just those currently in treatment?

You must complete an annual update:

- If you have clients that have been in treatment one year (12 months).
- If you have clients that are no longer receiving services in your treatment facility and show up on your open admissions report.
- If an annual update was done over a year ago, then a second annual update needs to be completed.

How do you reduce the number of open admissions?

To bring the number of open admissions in your open admissions report down, you must do one of the following for each open record:

- Send in a discharge record.
- Send in a deletion of admission record.
- Send in an annual update record.

To get an accurate and current view of your open admissions in treatment, run the open admissions report using "0" months as a filter while generating the report to get all your open records. Once your data accurately reflects your treatment population, you should run this report monthly.

Why does a provider number/name appear in the provider field on the outcome measures report filter screen that they do not recognize?

All outcome measures reports are based on who paid for the services. If a county is seeing a provider number/name in the provider field on the outcome reports filter screen, this means the county in question has paid for a service (or services) from that particular provider.

How can a resubmission of a client admission take place after a client discharge?

To submit a resubmission of an admission record after the admission record is matched with the discharge record you must not change the form serial number (FSN), provider ID number, or the admission date. All other information can be updated.

In the data quality and compliance report (DQCR), how is the discharge to admission ratio calculated?

To calculate the discharge to admission ratio, take the number of discharges and divide them by the number of admissions. Note: Discharges do not necessarily match the admissions for the month. This is not a one-to-one relationship between admissions and discharges, but does indicate that for the percentage of discharges to admissions on the DQCR a discharge (not necessarily a match to the admission) was also submitted.